

EXHIBIT

2



Issued Through: GEICO MARINE INSURANCE COMPANY
 Address: 5323 PORT ROYAL RD
 SPRINGFIELD VA 22151
 Phone: 877-581-2628

MARINE INSURANCE APPLICATION

Submission Date: 09/26/2020 Boat: 2010 17' SOUTHERN SKIMMER Application Number: BSP5039222-00

Owner Information

Is the Titled/Registered Owner of this boat an active Corporation or a Trust? Yes ☐ No ☒

Titled/Registered Owner's Name: SAEID YOUSEFIEH

Mailing Address: 2135 REFUGE CT

City: VIRGINIA BCH State: VA Zip: 23454 Country: USA

Home Phone #: Mobile Phone #: Work Phone #: 757-985-7090 Extension:

Primary Email Address: saeidyou@icloud.com Secondary Email Address:

Owner's Date of Birth: XX/XX/XXXX Owner's Social Security #: XXX-XX-XXXX

Owner's Valid Drivers License #: XXXXXXXXXX State of Issue: VA Sex: M Marital Status: SINGLE

Do you currently have any other policies with GEICO? Yes ☐ No ☐

Is the owner of the boat the primary operator of the boat? Yes ☒ No ☐

Additional Operators:

Name	Date of Birth	Valid Driver's License #	State	Moving Violations	Boat Exp	Owner?	Sex	Marital Status

Has your or an additional operator's license been suspended or revoked in the past 3 years? Yes ☐ No ☒

List any automobile or boating violations for the owner in the past 3 years:

Violation	# of Incidents	Length	Years of Experience	Years of Ownership
Speeding <20	0			
Speeding >20	0			
DUI/DWI	0			
Reckless Driving	0			
Other Moving Violations				

Largest Boat Owned		30	30
Largest Boat Operated			

Have you had any boating or automobile claims, accidents, or losses in the past 3 years? Yes ☐ No ☒

If yes, please provide details of the loss. If you need additional space please attach explanation with application.

Date	Type of Loss	Description	Loss Paid

Is the boat currently damaged or has it been damaged in the past?

Yes _____ No X

If yes, please provide details below. If you need additional space please attach explanation with application.

Select training course(s) the owner has taken:☒ State Certified Safety Course ☐ USCG Auxiliary ☐ US Power Squadron ☐ Captain's License**Boat Information**

Year of the Boat: 2010 Length of the Boat: 17' Builder/Manufacturer: SOUTHERN SKIMMER Model: 1770 W/50ELPT 4S W/TRLR

Boat Name: _____ HIN: SFK14006E910 Documentation # _____ Registration # _____Boat Use: Private Pleasure Has the boat been modified? NOHull Type: RUNABOUT Power Type: OUTBOARD Hull Material: FIBERGLASS Number of Engines: 1Engine Year: - - - - Total HP: 25 Horsepower each: 25 Fuel Type: _____Top Speed: 0 Boat Purchase Date: 08/15/2010 Boat Purchase Price: \$8,000Trailer Year: - Trailer Purchase Price: - Cruising Area: Coastal and Inland waters of the U.S. and CanadaIs your craft currently insured? YES _____ NO X If Yes, who is the current insurance company? _____If no, how long has it been uninsured? 0 - 6 months Why was it uninsured? Boat was in storageHow is the boat stored? TRAILERMarina or Other Location: ResidenceAddress: 2135 REFUGE CTCity: VIRGINIA BCH State: VA Zip: 23454 Country: USA

Is the vessel kept more than 400 miles away from the owner's residence? _____

Is the boat financed: Yes _____ No X If Yes, Lien Holder's Name _____

Address: _____

City: _____ State: _____ Zip: _____

Do you need to add an Additional "Insured"? _____

If Yes, list name and address of the Additional Insured:

-

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

If the boat is kept in or on the Atlantic or Gulf Coast, please provide a Hurricane Plan

While my signature verifies this information to be true, this application does not bind me to accept insurance, nor does it bind the Agent or GEICO Marine Insurance Company to accept me as an applicant for insurance. If I accept, I hereby authorize any company, credit bureau, or Department of Motor Vehicle that has knowledge of me to give such information to the Agent or GEICO Marine Insurance Company to be used for GEICO Marine Insurance Company's purposes only. Omitting, misrepresenting or stating information falsely on this application constitutes insurance fraud, voids all coverage, and is subject to criminal and civil penalties. The Insurance Company will consider claims history for purposes of determining whether or not to cancel or refuse to renew your policy.

Is your boat sound and seaworthy and undamaged? YES X NO _____

Signature: _____ Date: _____